

1

INSTRUCTIONS

**TO ATTEND PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 11M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06510

## CERTIFICATE OF DEATH

6522

Reg. Dist. No. 252

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <u>Queen Anne's</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Queen Anne's</u>
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Centerville</u>	LENGTH OF STAY (In this place) <u>2 Mths</u>	CITY (If outside corporate limits, write RURAL and give nearest town) <u>Queen Anne's</u>	TOWN <u>Centerville</u>
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) <u>CHARLES</u> (Middle) <u>EDGAR</u> (Last) <u>CANNON</u>		(Month) <u>June</u> (Day) <u>3</u> (Year) <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 5-1869</u>
9. AGE last birthday <u>86</u> yrs.		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired (owner) Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Caroline Co. Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William Nutter Cannon</u>		14. MOTHER'S MAIDEN NAME <u>Sara Satterfield</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or not) <u>No</u> (If Yes, give war or dates of service) <u>  </u>		16. SOCIAL SECURITY NO. <u>213-22-6231</u>	
17. INFORMANT & ADDRESS <u>Mr. Hill Anthony, Centerville Md.</u>		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
4500 IMMEDIATE CAUSE (A) <u>Ischemic Left. Ventr.</u>		<u>7 hours</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arterio-Sclerosis</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>  </u>			
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) (M.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 3, 1956</u> to <u>June 3, 1956</u> , that I last saw the deceased alive on <u>June 3, 1956</u> , and that death occurred at <u>3:15</u> M., from the causes and on the date stated above.			
SIGNATURE <u>H. J. Ingham</u>		ADDRESS (Street, city, town, state) <u>Centerville Md 15-4-56</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>June 5-56</u>	
NAME OF CEMETERY OR CREMATORY <u>Greenmount</u>		LOCATION (City, town, or county) (State) <u>Hellgate Maryland</u>	
24. REC'D BY REGISTRAR <u>Blair Armstrong</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Ingham</u>	
DATE <u>6-4-56</u>		ADDRESS <u>Centerville Maryland</u>	

# CERTIFICATE OF DEATH

WEST VIRGINIA DEPARTMENT OF HEALTH - BUREAU OF VITALS

Married Green Green  
Green Green

Green Green  
Green Green

2 months

CHARLES EDGAR CANNON  
Married June 2-1869 86  
Green Green (former)  
William Butler Cannon  
The Hill Country, Kentucky, Md.  
June 2 26

BUREAU V. B.

JUN 8 1956

RECEIVED

Received June 22 1956  
The Hill Country, Kentucky, Md.  
Married Green Green

1

INSTRUCTIONS

**TO ATTEND PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 45C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6523

## CERTIFICATE OF DEATH

06511

Reg. Dist. No. 251

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Queen Anne's</u> MARYLAND				STATE <u>Maryland</u> COUNTY <u>Queen Anne's</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		TOWN	
TOWN <u>Rural Church Hill</u>		<u>Life</u>		TOWN <u>Church Hill</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
				<u>Rural</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Philip</u> (Middle) <u>Lee</u> (Last) <u>Holder</u>				(Month) <u>June</u> (Day) <u>30</u> (Year) <u>1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>M</u>	<u>W</u>	<u>Single</u>	<u>Oct 17, 1955</u>	<u>9 mo</u> yrs.	Months <u>8</u> Days <u>13</u>	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
<u>None</u>					<u>Maryland</u>		<u>Am</u>
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Franklin Holder</u>				<u>Martha M Ingram</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
		<u>—</u>		<u>Church Hill Md</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
751X IMMEDIATE CAUSE (A) <u>Increased Intracranial Pressure</u>						<u>2 weeks</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Hydrocephalic</u>						<u>1 1/2 mo</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Spinal Bifida</u>						<u>1 1/2 mo</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of injury street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 17, 1955</u> to <u>June 30, 1956</u> that I last saw the deceased alive on <u>June 29, 1956</u> and that death occurred at <u>7:30 PM</u> , from the causes and on the date stated above.							
SIGNATURE <u>[Signature]</u>				ADDRESS (Street, city, town, state) <u>Centreville</u>		DATE SIGNED <u>6-2-56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>7/3/56</u>		<u>TEMPLEVILLE CEM.</u>		<u>TEMPLEVILLE MD.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE <u>7-2-56</u>		<u>Edgard L. Lane</u>		<u>Edward Holloway</u>		<u>Millington Md</u>	

CERTIFICATE OF DEATH

Form with multiple lines for handwritten information, including fields for name, age, sex, race, date of death, and cause of death. The text is mostly illegible due to fading and bleed-through.

BUREAU V. 3

JUL 9 1956

RECEIVED

Vertical text on the right margin, likely from a filing stamp or administrative record, including words like "RECEIVED" and "BUREAU".

## MEDICAL CERTIFICATION

VS. A15ME(5)  
5M 9/55

A34



Received from the  
Library of the  
University of  
California

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.  
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6525

## CERTIFICATE OF DEATH

06513

Reg. Dist. No. 252

1. PLACE OF DEATH a. COUNTY <b>Queen Annes</b> <b>MARYLAND</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Maryland</b> b. COUNTY <b>Queen Anne</b>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Centreville</b>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Centreville</b>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS <b>"Spencers Landing"</b>			
3. NAME OF DECEASED (Type or print) <b>ANNE B. MARSH</b>				4. DATE OF DEATH Month <b>June</b> Day <b>13</b> Year <b>1956</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 3, 1912</b>	9. AGE (In years last birthday) <b>44</b> yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Henry Benner</b>				14. MOTHER'S MAIDEN NAME <b>Sophia</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Mr. Charles E. Marsh, Centreville, Md.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of uterus</b> <b>174x</b> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <b>+ liver</b> DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <b>19</b>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
				20f. (City or town)		(County) (State)	
21. I certify that I attended the deceased from <b>Jan 5, 1956</b> to <b>June 13, 1956</b> , that I last saw the deceased alive on <b>June 5, 1956</b> , and that death occurred at <b>M</b> , from the causes and on the date stated above.							
ACTUAL SIGNATURE <b>W. Henry Fisher</b>				ADDRESS (Street, city or town, state) <b>Centreville Md</b>			
PHYSICIAN'S NAME (Type)				DATE SIGNED <b>6/13-56</b>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		22b. DATE THEREOF <b>June 15, 1956</b>		22c. NAME OF CEMETERY OR CREMATORY <b>Loudon Park Cemetery</b>		22d. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>	
23. FUNERAL DIRECTOR'S SIGNATURE <b>W. J. Fisher &amp; Sons, Inc. Baltimore, Md.</b>				24a. REC'D BY REGISTRAR DATE <b>6-15-56</b>		24b. REGISTRAR'S SIGNATURE <b>Clare Armstrong</b>	

# CERTIFICATE OF DEATH

BUREAU V. S.

JUN 15 1956

RECEIVED



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06514

6526

CERTIFICATE OF DEATH

Reg. Dist. No.

253

1. PLACE OF DEATH a. COUNTY <b>Queen Anne</b> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Maryland</b> b. COUNTY <b>Queen Anne</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Chester</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Chester</b>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) First <b>Wilma</b> Middle <b>Seward</b> Last <b>Palmer</b>		4. DATE OF DEATH Month <b>June</b> Day <b>20</b> Year <b>1956</b>	
5. SEX <b>Fem.</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 15, 1877</b>
9. AGE (In years lost birthday) yrs. <b>79</b>		10. IF UNDER 1 YEAR Months Days Hours Min.	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		12. KIND OF BUSINESS OR INDUSTRY	
13. BIRTHPLACE (State or foreign country) <b>Maryland</b>		14. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
15. FATHER'S NAME <b>Samuel Seward</b>		16. MOTHER'S MAIDEN NAME <b>Mary Goldsborough</b>	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		18. SOCIAL SECURITY NO. <b>220-34-747</b>	
19. INFORMANT <b>Mrs. Hill Hoxter--Chester, Maryland</b>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b> 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <b>hypertensive cardio-vascular disease</b> DUE TO (c) <b>Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>June 20, 1956</b> <b>5 years</b> <b>10 years</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). <b>bronchial asthma attacks (allergic) 15 yrs</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Nat while <input type="checkbox"/> at work <input type="checkbox"/> of work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <b>March 10, 1934</b> to <b>June 20, 1956</b> ; that I last saw the deceased alive on <b>June 20, 1956</b> , and that death occurred at <b>12:30 AM</b> , from the causes and on the date stated above.		ADDRESS (Street, city or town, state) <b>Stevensville</b>	
ACTUAL SIGNATURE <b>Theodor Sattelmair</b> M.D.		DATE SIGNED <b>June 21, 1956</b>	
PHYSICIAN'S NAME (Type) <b>Theodor SATTELMAYER</b>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVED</b>		22b. DATE THEREOF <b>June 22</b>	
22c. NAME OF CEMETERY OR CREMATORY <b>Stevensville</b>		22d. LOCATION (City, town, or county) (State) <b>Stevensville, Md.</b>	
23. FUNERAL DIRECTOR'S SIGNATURE <b>Edgar L. Lane</b>		ADDRESS <b>Church Hill, Md.</b>	
24a. REC'D BY REGISTRAR <b>June 22-56</b>		24b. REGISTRAR'S SIGNATURE <b>Elizabeth Hoxter</b>	

# CERTIFICATE OF DEATH

6218

WESTLAND STATE DEPARTMENT OF HEALTH - BATHING 18

1001

BUREAU V. 81

JUN 26 1956

RECEIVED

1

INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06515

## 6527 CERTIFICATE OF DEATH

Reg. Dist. No. 254

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <u>QUEEN ANNE'S</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Queen Anne's</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Queenstown</u>		LENGTH OF STAY (In this place) <u>5 yrs -</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Greensville</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<b>3. NAME OF DECEASED</b> (First) (Middle) (Last) <u>JOHN MCFEELEY PERRY</u>				<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>June 18 1956</u>			
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. SINGLE, MARRIED, WIDOWED, DIVORCED</b> <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>April 25-1867</u>	<b>9. AGE last birthday</b> <u>89</u> yrs.	<b>IF UNDER 1 YEAR</b>		<b>IF UNDER 24 HRS.</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Merchant</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Queen Anne's Co Md</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13. FATHER'S NAME</b> <u>Robert H Perry</u>				<b>14. MOTHER'S MAIDEN NAME</b> <u>Mary E Bryan</u>			
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unk.) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>none</u>		<b>17. INFORMANT &amp; ADDRESS</b> <u>Mr Hugh Perry Centurich Md</u>			
<b>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>				<b>18. MEDICAL CERTIFICATION</b>			
<b>1. IMMEDIATE CAUSE</b> (A) <u>acute pneumonia</u>				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>one week</u>			
<b>2. ANTECEDENT CAUSE(S) DUE TO</b> <u>acute congestive heart failure</u>				<u>10 days</u>			
<b>3. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.</b> (B) <u>Arteriosclerosis general</u>				<u>10 years</u>			
<b>4. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b> (C) <u>adenoma benign of prostate. Prostatectomy done</u>				<u>1950</u>			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)</b>		<b>21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)</b>		<b>21c. WHERE DID INJURY OCCUR?</b> (City or town) (County) (State)			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <u>March 10, 1952</u> , to <u>June 18, 1956</u> , that I last saw the deceased alive on <u>June 18, 1956</u> , and that death occurred at <u>Stevensville</u> , M., from the causes and on the date stated above.							
<b>SIGNATURE</b> <u>Theodor Sattelmaier</u>				<b>DATE SIGNED</b> <u>June 19, 1956</u>			
<b>23. BURIAL, CREMATION, REMOVAL SPECIFIED</b> <u>Buried</u>		<b>DATE THEREOF</b> <u>June 21-56</u>		<b>NAME OF CEMETERY OR CREMATORY</b> <u>Chestertown</u>		<b>LOCATION (City, town, or county) (State)</b> <u>Centurich Maryland</u>	
<b>24. REC'D BY REGISTRAR</b> <u>June 21-56</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Helen M. Aldridge</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>W. Howard Gault</u>		<b>ADDRESS</b> <u>Centurich Md.</u>	

Handwritten signature: Mary Ann

*(Faint handwritten notes at the bottom of the page)*

No. 1  
Robert H Perry  
Ward E Perryman  
NWA

M. Robert Williams dated April 27-1867 89  
John McFarley Perry June 18 75

BUREAU V. S.

JUN 25 1956

RECEIVED

Received from 1-15 Charles W. Thompson (Continued)

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

6528 tem 12, Film 99 7-3-56 et.

Reg. Dist. No.

251

1. PLACE OF DEATH a. COUNTY <u>Queen Anne</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <u>MD</u> b. COUNTY <u>Queen Anne</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Marydel R Fk</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Marydel R Fk</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>J</u> Last <u>Thole</u>		4. DATE OF DEATH Month <u>June</u> Day <u>22</u> Year <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 3-1901</u>
9. AGE (In years last birthday) <u>54</u> yrs.		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm + mill</u>	11. BIRTHPLACE (State or foreign country) <u>Germany</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Don't know</u>	
14. MOTHER'S MAIDEN NAME <u>Don't know</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>087-10-926</u>		17. INFORMANT <u>John Paimera - Marydel R Fk</u> Address <u>MD</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Found dead in Rye field - had been on</u> <u>434.3</u> DUE TO (b) <u>as drunk 3 days - last seen alive Thursday night</u> DUE TO (c) <u>Evidently a heart condition</u>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour <u>  </u> a. m. <u>  </u> p. m. <u>19</u>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
ACTUAL SIGNATURE <u>W. Henry Fisher</u>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type)		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
22a. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF <u>6/27/1956</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Millington Cem.</u>	22d. LOCATION (City, town, or county) (State) <u>Millington MD</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>Edward Bellows</u>		24a. REC'D BY REGISTRAR <u>Edgar L. Lane</u>	
ADDRESS <u>Millington MD</u>		24b. REGISTRAR'S SIGNATURE <u>Edgar L. Lane</u>	

MEDICAL CERTIFICATION

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.



MASSACHUSETTS DEPARTMENT OF HEALTH - BUREAU OF  
MEDICAL EXAMINERS' CERTIFICATE OF DEATH

BUREAU V. S.

JUN 29 1956

RECEIVED